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ABSTRACT

Supported by a contract with the United States Public Health Service, the University of Wisconsin Department of Nursing, University Extension, has provided refresher courses for inactive nurses, on a state-wide basis. This is a report of a survey of enrollees in the 18 courses offered between September 1967 and December 1968. The majority of the courses were given in southeastern Wisconsin; content and format varied, depending on the needs of each community. It was found that of the 196 nurses who had taken a refresher course, 63% were working, 62% were working in hospitals, 79% were working part-time, 75% were married, and 93% had children, and most were between 40 and 49. Most of the enrollees were graduated from hospital diploma programs and one out of three had had additional education beyond the basic diploma. The largest number had been inactive from 11 to 20 years. One of ten indicated an unsatisfactory or inadequate orientation to the position they held. Their main problems in returning to work were lack of confidence, inadequate orientation or supervision, unfamiliarity with new medications and treatments, adjusting their time, and their family's adjustment. The majority felt the course met their needs; suggestions for improvement frequently related to the kind and amount of clinical practice. (EB)

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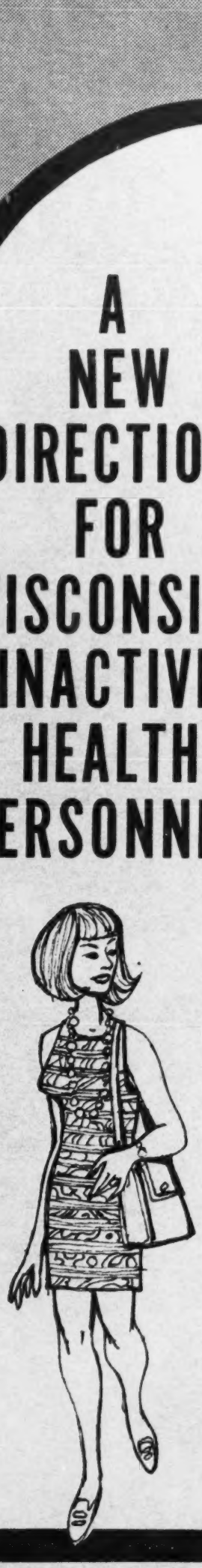
A NEW DIRECTION FOR WISCONSIN INACTIVE HEALTH PERSONNEL



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A NEW DIRECTION FOR

WISCONSIN INACTIVE HEALTH PERSONNEL

Report of a Study Pursuant
to
U.S. Public Health Service Contract
Number P.H. 108-67-219

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UNIVERSITY EXTENSION
The University of Wisconsin
Health Sciences Unit
DEPARTMENT OF NURSING

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We express our appreciation, and the appreciation of all the non-practicing nurses who enrolled in the refresher courses described in this study, for the United States Public Health Service contract (Inactive Health Personnel Project Contract P.H. Number 108-67-219) which made this endeavor possible.

The assistance of the enrollees in the refresher courses who completed the questionnaires for this study is gratefully acknowledged. Responses and assistance by other individuals for some of the additional information is also recognized.

Finally, we express our appreciation to Pamela Lenius, who typed the manuscript.

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CHAPTER I INTRODUCTION

The return of inactive health personnel to practice is one possible approach toward relieving the acute shortages of personnel faced by many health agencies. Assisting these potential practitioners to return is essential if, in fact, they are to resume practice.

It has been estimated that there are approximately as many nurses who are not practicing as those currently employed. For obvious reasons, such as age or poor health, many of them could not return to nursing. But many others, who have spent several years training for a professional career, could be assisted in updating their knowledge and skill to facilitate a return to practice.

In July, 1967, Wisconsin became one of the 46 states participating in a nationwide effort designed to stimulate the return of inactive health personnel. When the availability of funds for this purpose was made known, a state advisory committee was appointed (listed in Appendix A). Since the Extension faculty had had considerable previous experience in offering refresher courses for inactive nurses, this committee decided that it would be appropriate for the Department of Nursing, University Extension, University of Wisconsin, to apply for funds. A contract was awarded to the University by the Bureau of Health Manpower, Division of Nursing, United States Public Health Service. This contract provided for the employment of a nurse

coordinator to direct statewide efforts, secretarial services, travel funds, and related costs.

Since 1954, courses for inactive nurses have been provided by University Extension in various parts of the state, but to a great extent these courses were offered in response to request, rather than on the basis of priority of greatest need. The contract provided an opportunity for more extensive state-wide planning, based on the determination of need, as well as for the coordination of efforts, and an expansion of the program.

In addition, federal funds, through the Manpower Development and Training Act, were available for refresher courses for inactive nurses. These funds permitted the provision of some courses at no charge to the individual nurse.

This report will focus primarily on the inactive nurses who enrolled in the refresher courses offered since the contract was awarded. The majority of effort has been directed toward this group, which is the largest group of inactive health personnel. Many of the approaches for reactivating non-practicing nurses can be applied to assisting other groups of inactive health personnel return to practice.

At the time this report was written, the contract with the Bureau of Health Professions Education and Manpower Training (formerly the Bureau of Health Manpower) was still in effect. However, this report includes only the follow-through survey of the 296 nurses who enrolled in the 18 refresher courses offered between September, 1967, and December, 1968. Additional courses have been offered since then, and subsequent surveys will be conducted.

Determining Need

During the spring and summer of 1967, efforts were directed toward locating inactive nurses throughout the state. This project was initiated by the Wisconsin Nurses' Association, which organization requested the assistance of the Wisconsin State Employment Service in conducting a state-wide survey of inactive professional nurses. The Employment Service had previously participated with the Madison League for Nursing, in a study of inactive nurses in Dane County.[1]

The Employment Service designed the questionnaire used in the survey, and the Wisconsin Nurses' Association and its 18 district associations released publicity, located inactive nurses, and encouraged these nurses to respond to the survey. A total of 1160 inactive nurses were located throughout the state.[2] Nearly three-fourths of these nurses indicated that they planned to resume nursing practice, and 744 indicated an interest in attending a refresher course.

The location of these inactive nurses was used as a determinant in planning for subsequent courses. The listing was used to develop mailing lists for publicity in those areas where courses were offered.

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1 The Wisconsin State Employment Service, with the Madison League for Nursing, A STUDY OF INACTIVE NURSES IN DANE COUNTY, WISCONSIN, Madison, Wisconsin, n.d.

2 Wisconsin State Employment Service, with the Wisconsin Nurses' Association, RE-EMPLOYMENT FACTORS OF INACTIVE NURSES IN WISCONSIN, Madison, Wisconsin, n.d.

At best, it is difficult to maintain current lists of inactive nurses. This is true, not only because we are a mobile people, but because nurses change their activity status at intervals. Therefore, the list as developed by the Wisconsin Employment Service was seen as providing a basis for determining need, and additional means were used to locate additional inactive nurses in the areas where courses were taught.

CHAPTER II

REFRESHER COURSES FOR NON-PRACTICING NURSES

Refresher courses for inactive nurses offered by the Department of Nursing, University Extension, are provided on a state-wide basis. Between 1954 and July, 1969, a total of 79 courses were offered in 38 different Wisconsin communities, with an enrollment of 1688.

This publication includes a report of a survey of enrollees in the 18 courses offered between September, 1967, and December, 1968. These courses are listed in Table I. (page 10).

Occasionally refresher courses for inactive nurses are sponsored by a hospital, but during this period of time only courses offered by the Department of Nursing were given.

LOCATION OF COURSES

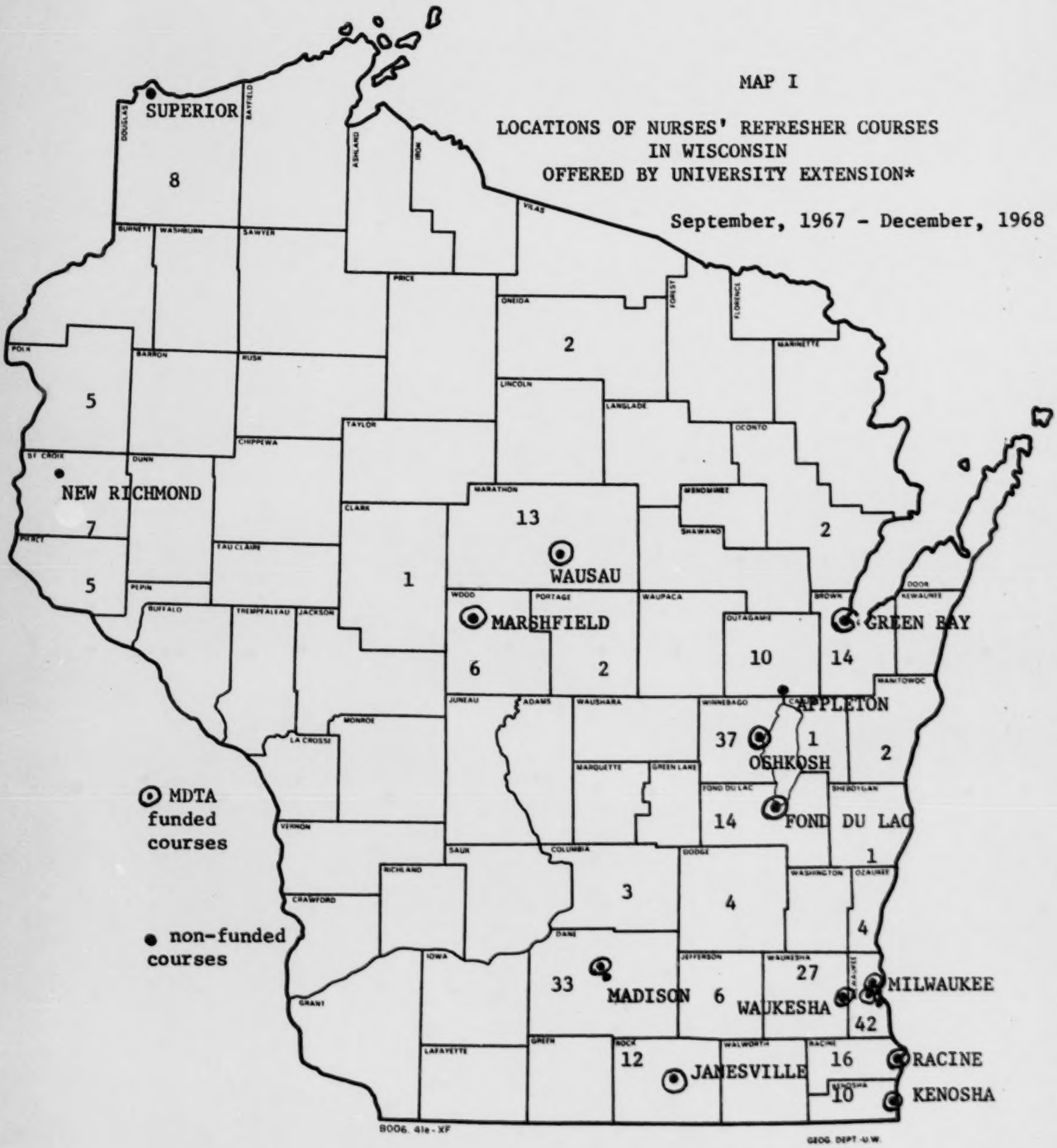
The selection of a community in which the course was to be offered was based on the results of the survey by the State Employment Service, as previously discussed. One course (Sheboygan) was cancelled because of insufficient enrollment, although the results of the survey suggested sufficient potential enrollment.

The 18 courses were given in 14 different communities, shown on Map I. The majority of courses were offered in southeastern Wisconsin, the most heavily populated area of the state. During this time two courses were offered in Madison and four in Milwaukee.

MAP I

LOCATIONS OF NURSES' REFRESHER COURSES
IN WISCONSIN
OFFERED BY UNIVERSITY EXTENSION*

September, 1967 - December, 1968



*Numbers indicate enrollees by county of residence

LOCAL PLANNING AND ADVISORY COMMITTEES

Much assistance in planning a course offered in a particular community was provided by the local advisory committee. Representative composition of the committee varied slightly from one community to another, but usually included directors of nursing from the hospitals and larger nursing homes in the area, representatives from local Schools of Nursing, representatives from the county health department and visiting nurse associations, hospital administrators, president of the district nurses association, local representatives from the State Employment Service and University Extension, and others.

These planning groups helped decide where the course was to be taught, suggested suitable clinical facilities and other resources, and assisted with publicity and promotion. These groups also gave suggestions for possible instructional staff and curriculum content. However, since the courses were sponsored by the University, the final decision about teaching faculty and course content was made by the faculty of the Department of Nursing.

The interest and enthusiasm of local planning committees had a positive influence on the outcome of the course, and contributed substantially to the success of this course. The availability of information locally was essential for recruitment.

PREREQUISITES TO THE COURSE

Although refresher courses for inactive nurses are designed to facilitate the return of the inactive nurse to practice, the refresher course can also be seen as a community service, since there may be other reasons

for the nurse enrolling in the course. In the past, nurses were permitted to enroll, even though they did not plan to return to practice. With the courses reported in this study, a much greater emphasis was placed on the return to practice. This was particularly true of courses funded under the Manpower Development and Training Act. With this expectation, more stipulations were placed on the enrollee.

Current Registration to Practice Nursing in Wisconsin. Every nurse enrolled in the course was expected to be currently registered, or have a permit to practice, with the State Division of Nurses. This served as a protection to the hospital in which she had her clinical experience. It also helped identify the seriousness of the nurse's intent to return to practice.

Health Status. Each enrollee was requested to have a physical examination by her personal physician to attest to her physical ability for taking the course. A signed statement by the physician was requested. (See sample in Appendix B).

Age. No age stipulation was placed on enrollees. Since it was assumed that the nurse would return to practice, applicants over 65 were given individual consideration, and decisions were made on the basis of likelihood to practice, following an individual interview.

Length of Inactivity. It seems logical that the nurse who has been inactive for 20 years or more has different learning requirements than the nurse who has been out of practice for five years or less. However, since these differences have yet to be clearly identified, no distinction was

made for enrollment in a course.

LOCATING ENROLLEES IN THE AREA

The list established by the State Employment Service provided a beginning resource for locating enrollees in a particular area where the course was to be offered; however, the list became outdated rather quickly, and additional means of locating inactive nurses became necessary.

Members of local planning groups often had additional names of inactive nurses, as did Directors of Nursing. Inactive nurses themselves often knew of others who were not practicing.

Newspaper and radio publicity also provided a means of locating inactive nurses. Posters in supermarkets, laundromats and other strategic spots were of questionable value.

Personal discussion with the potential enrollee appeared to be the best means of recruiting her for the course. She needed more information about the course content than that provided by the descriptive flier or newspaper publicity. Encouragement was often necessary, if the nurse had not practiced for a long period of time, or for any other reason seemed to lack self confidence.

FUNDING

As noted on Table I, 12 courses were funded through the Manpower Development and Training Act. With one exception, additional courses were funded by individual fees.

The usual Extension fee for non-credit courses is $1.25 per classroom hour, plus $1.25 registration fee. Thus, for an 80 hour course the

TABLE I

REFRESHER COURSES FOR INACTIVE NURSES
OFFERED BY
UNIVERSITY EXTENSION, UNIVERSITY OF WISCONSIN

September, 1967 - December, 1968

COMPLETED STATISTICS:

STARTING DATE	LOCATION	FUNDING	NUMBER WHO COMPLETED COURSE	NOW WORKING	HAVE WORKED	HAVE NOT WORKED
September 11, 1967	Milwaukee	MDTA	16	13	2	1
October 16, 1967	Superior	(No fee)	10	6	2	2
October 30, 1967	Milwaukee	MDTA	16	13	2	1
February 12, 1968	Madison	Fee	20	16	3	1
March 12, 1968	New Richmond	Fee	21	12	1	8
April 2, 1968	Milwaukee	Fee	18	12	1	5
April 22, 1968	Appleton	Fee	26	11	3	12
June 6, 1968	Green Bay	MDTA	17	9		8
June 6, 1968	Wausau	MDTA	15	9	1	5
July 8, 1968	Madison	MDTA	14	9	1	4
September 10, 1968	Fond du Lac	MDTA	18	11		7
September 10, 1968	Kenosha	MDTA	10	6		4
September 16, 1968	Milwaukee	Fee	19	18		1
October 8, 1968	Oshkosh	MDTA	22	14		8
October 7, 1968	Racine	MDTA	20	12		8
October 8, 1968	Waukesha	MDTA	13	11		2
November 11, 1968	Marshfield	MDTA	10	7		3
November 11, 1968	Janesville	MDTA	11	1		10
TOTALS			296	190	16	90

fee would be set at $101.25. However, an exception was made for the fee for the refresher course; this exception was based on the need for the course, and the inability of the non-employed nurse to pay the fee. A fee of $25 per student was paid for enrollment in the courses not otherwise funded.

Almost without exception, the nurse paid the enrollment fee herself. In the past, occasionally employment agencies have refunded the nurse's enrollment fee if she has returned to work in that institution for six months or more.

FORMAT AND COURSE CONTENT

Format and content of the refresher course varied somewhat from one area to another, but in general were geared to the needs of the community. Courses funded through the Manpower Development and Training Act were 30 hours in length each week,. and were offered for a period of four weeks. Other courses varied from 80-96 hours in length, usually 20-24 hours per week for four to six weeks. Approximately half the time was devoted to theoretical instruction, and half to supervised clinical practice.

The course held at New Richmond was 45 hours in length, and given over a period of 11 weeks. Although this format may be questioned in terms of the effectiveness of instruction, it was designed in this way to meet the specific needs of nurses in the rural communities in the northwest of the state.

Course content was determined by the instructor, assisted by a member of the faculty of the Department of Nursing. Suggestions by the local

planning group were incorporated where feasible. There were a number of variations in content, and a sample outline is given in Appendix C.

INSTRUCTIONAL STAFF

Instructors for the course were carefully selected. They were usually, but not always, from the area where the course was to be taught. In general, it was not possible to secure instructors who had had previous experience in teaching refresher courses. Instructors were selected for their teaching ability and their knowledge of current nursing practice.

Minimum requirements for the main instructor was a bachelor's degree, but several of the courses were taught by a teacher with more preparation. Nurses assisting with the clinical experience often had less formal preparation than a bachelor's degree, but were selected on the basis of their knowledge of the clinical situation.

Depending upon the size of the class, the instructor occasionally carried one group for clinical practice as well as having the major responsibility for the course content. In other instances, she spent time with each of the clinical instructors, assisting with the supervision of the students' clinical practice. Clinical instructors had no more than seven enrollees in the laboratory experience.

Adequate supervision of practice is necessary for a successful course, so arrangements were made so that the person assigned this responsibility had no other duties during the time the enrollees were having clinical practice. Time for planning and selecting appropriate learning experiences was also provided.

When appropriate, ad hoc instructors taught some sessions. Thus, a dietitian was invited to discuss newer concepts of nutrition, a minister or priest to discuss care of the dying, and so on.

PREPARATION OF INSTRUCTIONAL STAFF

Recognizing that few of the potential instructors in Wisconsin and elsewhere would have had experience teaching courses for inactive nurses, and appreciating the differences between teaching undergraduate nursing students and adult learners, the Department sponsored two short-term courses for instructors of refresher courses. The first of these week-long sessions was held in September, 1967, and it was repeated in August, 1968.

Enrollees came from various parts of the country, as well as Wisconsin, but the sessions enabled faculty to work closely with a number of instructors prior to their teaching a course. This experience was useful to them, particularly since on-the-spot assistance could not always be provided.

CHAPTER III

THE NURSE ENROLLEE

One obvious and common type of evaluation of the effectiveness of refresher courses is the determination of the return rate to nursing practice of enrollees. A survey of all enrollees was done to ascertain this information.

The survey questionnaire developed for this study was patterned after one that had been designed by Department faculty for the 1965 survey; essentially the same format was followed to permit comparisons between the two groups and to provide for consistency of data. A copy of the questionnaire with the explanatory letter is given in Appendix D.

PREVIOUS RESULTS

Between 1954 and 1964, 35 refresher courses had been taught throughout the state. In 1965, the Department conducted a questionnaire survey of the nurses who enrolled in these courses.

Of the 962 nurses who enrolled in the 35 courses, 60 could not be located, and four had died. In addition, 13 of this number had enrolled in more than one course. The remainder of the group, 885, were each sent a questionnaire. Of these 709 responded, representing an 80 percent return.

It appears probable that those who did not return their questionnaire were nurses who remained inactive. Although no pressure to return to

practice was put on the nurse by the University faculty members who taught the course, these nurses are frequently urged to return to employment by local nursing service directors who are desperately searching for ways of augmenting their diminishing staffs. Community pressures often cause feelings of guilt by nurses who choose not to practice. Therefore, it might be assumed that the nurse who remained inactive after taking the course was less likely to respond to the questionnaire.

Results of the questionnaire showed that 56 percent of those responding were employed at the time they answered the questionnaire. Of those employed, slightly more than half were working part-time, and the remainder were employed on a full-time basis. An additional 19 percent indicated that they had been employed for varying periods of time following completion of the course, but were not working at nursing when the survey was done.

PRESENT SURVEY

In this survey, questionnaires were mailed to enrollees from two to twelve months after they completed the course. A second questionnaire was mailed to those who did not respond to the first one, and this was followed by a telephone reminder when necessary.

In this survey questionnaires were sent to the 296 nurses who enrolled in refresher courses between September, 1967, and December, 1968. Questionnaires were returned by 266 of the enrollees (88 percent). Information about work status was obtained by telephone, so this data is available on all enrollees. In some instances, questionnaires were

incompletely answered, so data is incomplete in a number of the tables.

EMPLOYMENT STATUS

The summary of the employment status of these nurses is given in Table II. Of the 296 nurses who completed the course, 186, or 63 percent are now working. An additional 15, or 5 percent, have worked from one to seven months following their enrollment in the course. The remaining 92 or 32 percent, have not worked at nursing.

Not unexpectedly, the largest number of nurses return to work in the hospital setting. Of those returning, 115, or 62 percent, were employed in hospitals. An additional 18 percent are working in nursing homes.

The majority, 147, or 79 percent of those returning, are employed on a part-time basis. The remaining 39, or 21 percent, are employed full-time. Statistics showing distribution by type of practice and employment status by time are given in Table II.

The number of hours worked by the part-time nurses ranges from occasionally to over 32 hours per week. This distribution is also shown in Figure I. Nearly one-third of respondents work more than 21 hours per week, i.e., more than half time.

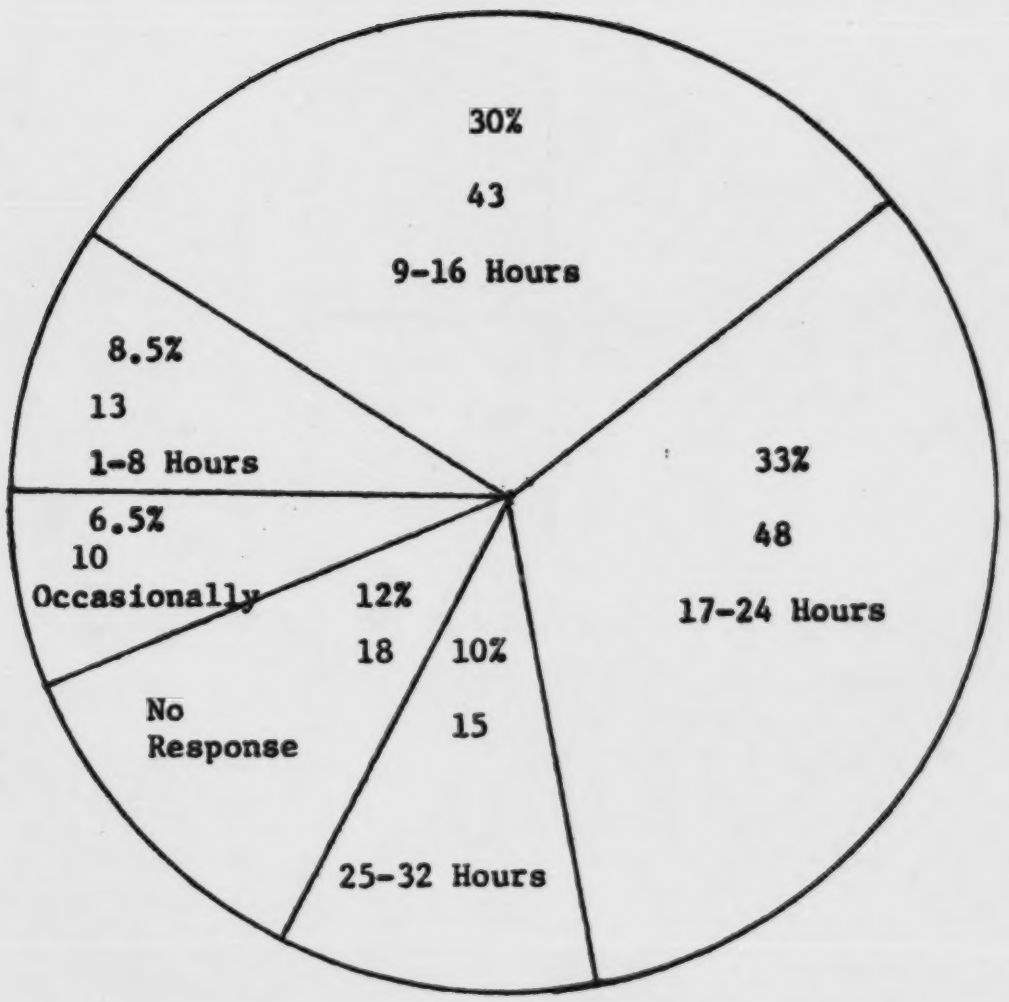
TABLE II

EMPLOYMENT STATUS OF ALL ENROLLEES
AND
DISTRIBUTION BY TYPE OF PRACTICE

Type of Practice	Full-Time		Part-Time		Total	
	Number	Percent	Number	Percent	Number	Percent
Hospital	20	55	95	64	115	62
Nursing Home	13	31	20	14	33	18
Public Health or School Nursing	2	5	8	6	10	5
Occupational Health	2	5	5	3	7	4
Physician's Office or Clinic	1	2	9	6	10	5
Private Duty	0	0	3	2	3	2
Other	1	2	7	5	8	4
Total	39	100%	147	100%	186	100%

FIGURE I

NUMBER OF HOURS WORKED BY PART-TIME NURSES



The nurse's main reason for not working is given in Table III. Not suprisingly, the major reason identified by the 107 nurses not now working is home and family responsibilities, indicated by one-fourth of the respondents. In comparison, health was the reason given most frequently by the group who had worked for varying periods of time following completion of the course (but were not working at the time of the survey). This reason was given by one-third of the respondents. Since the total number (15) in this group is small, the figure may not be statistically significant, but it may suggest that the returnees found nursing practice too strenuous for their continued employment.

Enrollees in courses offered by the University may take the course before they are ready to return to practice, since they recognize that it may be some time before the course is offered again in their community. Of the 107 nurses not working at the time of the survey, 50, or nearly one-half, indicated that they anticipated future employment. An additional 38 noted that this might be a possibility. Only one enrollee indicated that she did not plan to work, although 18 did not respond to the question.

PERSONAL DATA

Whether or not the inactive nurse seeks employment depends upon many factors, a major one being family responsibilities. (All the nurses who enrolled in these courses were women). Age, health and employment opportunities are also significant factors. Data provided by the survey gives clues to why the nurse may or may not seek employment upon completion of the course.

TABLE III

DISTRIBUTION BY MAIN REASON FOR NOT WORKING

REASONS FOR NOT WORKING	107 NOT WORKING NOW			15 OR 5% OF THE 107 HAVE WORKED 1-7 MONTHS		
	RANK	NUMBER	PERCENT	RANK	NUMBER	PERCENT
HOME & FAMILY OBLIGATIONS	1	26	25%	2	3	20%
HEALTH	2	18	17.5%	1	5	33%
HOURS OF WORK UNACCEPTABLE	3	15	14%	6	1	7%
HUSBAND OBJECTS	4	10	9%			
OTHER	5	8	7.5%	6	1	7%
COST AND LACK OF CHILD CARE	6	6	5.5%	3.5	2	13%
NO EMPLOYMENT LOCALLY	7	5	4%	3.5	2	13%
PREGNANCY	9	4	3.5%			
AWAITING LICENSURE	9	4	3.5%			
PLANNING TO WORK SHORTLY	9	4	3.5%			
TRANSPORTATION PROBLEMS	12	2	2%			
GOING TO SCHOOL	12	2	2%	6	1	7%
LOW SALARIES	12	2	2%			
HUSBAND'S OCCUPATION	14	1	1%			

Table IV gives the year of birth of respondents, from which the age may be determined. The largest numbers are those whose ages range from 40-49. It can be anticipated that these nurses have a number of productive years ahead, and that many of their family responsibilities have decreased.

TABLE IV

YEAR OF BIRTH OF RESPONDENTS

YEAR OF BIRTH	WORKING	NOT WORKING	TOTAL	PERCENT
Before 1909	17	5	22	7.3
1910 - 1919	32	24	56	19
1920 - 1929	66	39	105	36
1930 - 1939	21	28	49	17
After 1940	2	0	2	.7
No Response	48	11	59	20
Total	186	107	293	100

Marital status of enrollees is given in Table V. The majority, or 83 percent, of these nurses are married.

TABLE V

MARITAL STATUS

WORK STATUS	SINGLE	MARRIED	WIDOWED	DIVORCED	NO RESPONSE	TOTAL
Working	11	150	18	2	5	186
Not Working	1	93	4	3	6	107
Total	12	243	22	5	11	293
Percent	4	83	7.6	1.7	3.7	100

The presence of children in the family frequently influences employment. It can be seen in Table VI, that only 22, or 7 percent, of 293 enrollees had no children.

TABLE VI

NUMBER OF CHILDREN

EMPLOYMENT STATUS	NONE	1 TO 3	4 OR MORE	NO RESPONSE	TOTAL
Working	15	82	75	24	186
Not Working	7	46	48	6	107
Total	22	128	123	30	293

Not only the presence of children, but the ages of the children in the family will obviously influence employment. Table VII gives the age of the youngest child; of these 33, or 11 percent, are five years of age or younger. Unless suitable arrangements can be made for child care, this responsibility may interfere with employment.

TABLE VII

AGE OF YOUNGEST CHILD

EMPLOYMENT STATUS	2 YRS. OR LESS	3 TO 5 YRS.	6 TO 12 YRS.	13 TO 17 YRS.	OVER 18 YRS.	NO RESPONSE	TOTAL
Working	9	16	73	31	28	29	186
Not Working	5	3	49	16	16	8	107
Total	14	19	122	47	44	37	293

EDUCATION

Information about the type of nursing education the enrollees had received is given in Table VIII. Of the 253 enrollees who responded to this question, only 19, or 7 percent, held B.S. degrees, and only one had graduate credits. One enrollee held a master's degree in nursing. The 7 percent is a smaller number than currently being graduated from Wisconsin collegiate programs (26.6% in 1968), but may be comparable to the ratio that were graduated in 1944, the mean graduation date of these enrollees. The preparation is also considerably smaller than the present 12.7 percent of nurses currently (1968) registered to practice nursing in Wisconsin who hold baccalaureate degrees.[1]

In addition to the 17 nurses who hold degrees, 71 have completed some college courses. This means that over one-third (36 percent) have additional education beyond the basic nursing diploma. Twelve enrollees have taken credit course work since completing the refresher course.

The date of graduation for respondents is given in Table IX. The largest number, 31 percent, were graduated between 1945 and 1949. A total of 191, or 77 percent, were graduated before 1950. Since most of the major changes in nursing practice have occurred since 1950, it is not

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[1] 1968 data from the Division of Nurses, Wisconsin Department of Regulation and Licensing.

TABLE VIII

EDUCATIONAL BACKGROUND OF ENROLLEES

YEAR GRADUATED	BASIC DIPLOMA						BASIC BACCALAUREATE		ALL		
	Diploma		Diploma Plus Baccalaureate		Diploma Plus College Credits		Baccalaureate		Totals		
WISCONSIN	Working	Not Working	Working	Not Working	Working	Not Working	Working	Not Working	Working	Not Working	All
Before 1930	7	1	0	0	0	0	0	0	7	1	8
1931-1940	12	17	2	0	4	0	0	0	19	17	36
1941-1950	22	17	1	2	10	7	0	0	33	26	59
1951 & Later	13	9	2	0	3	2	1	0	20	11	31
Total	54	44	5	2	18	9	1	0	79	55	134
OUT-OF-STATE*											
Before 1930	3	2	0	0	2	0	0	0	5	2	7
1931-1940	9	5	0	0	1	0	0	0	10	5	15
1941-1950	43	15	2	4	8	2	2**	1	53	22	75
1950 & Later	9	6	0	1	3	1	0	2†	12	10	22
Total	64	28	2	5	14	3	1	3	80	39	119
Grand Total	118	72	7	7	32	12	2	3	159	94	253††

* 6 Canadians
** one has Master of Nursing Degree
† one has graduate credits
†† no response = 40

Post-graduate non-credit courses:
Anesthesia - 4
Other Specialties - 3

surprising that a large number of respondents feel the refresher course was not of sufficient length to meet their needs.

TABLE IX

DATE OF GRADUATION

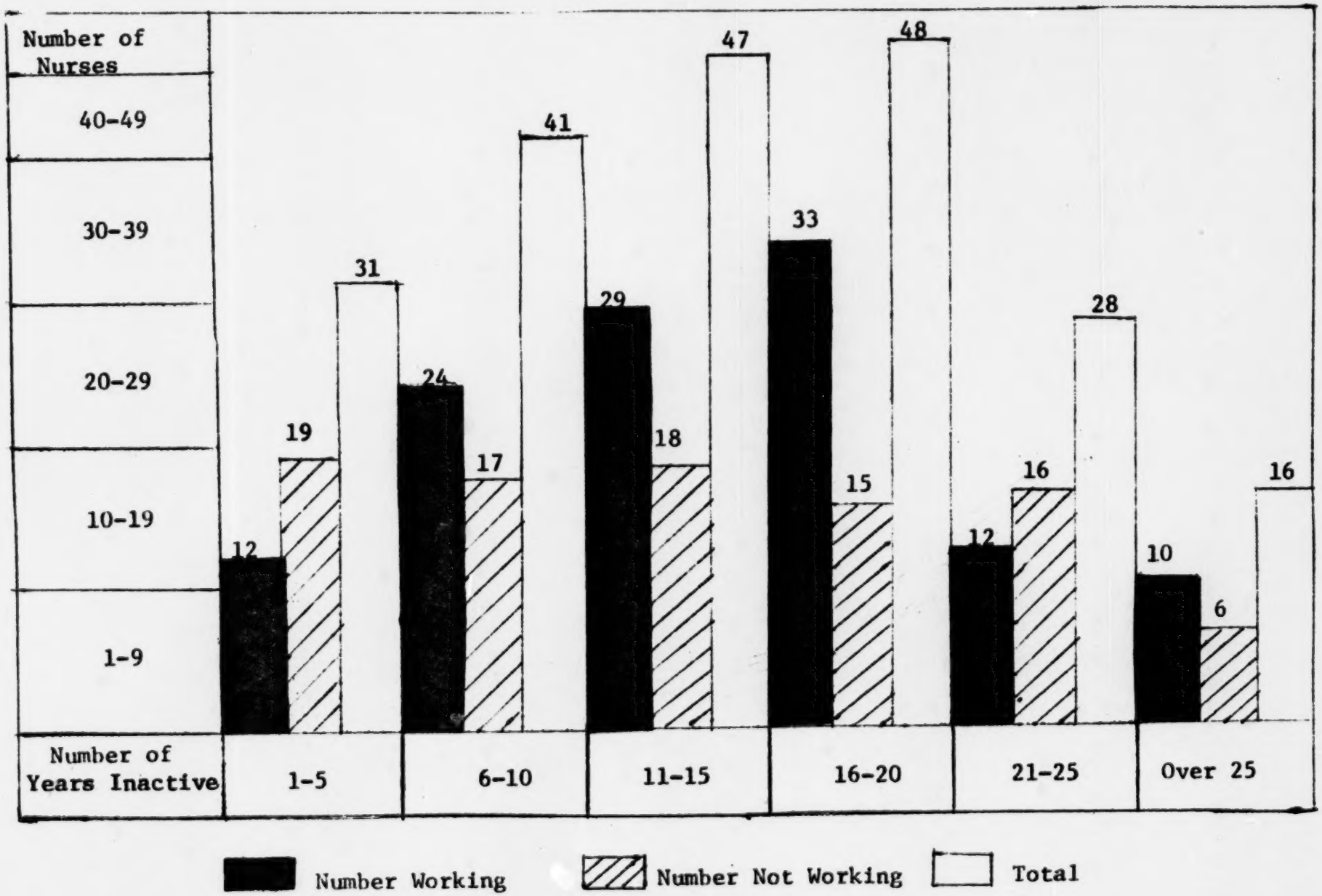
DATE OF GRADUATION	WORKING		NOT WORKING		TOTAL	
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
1925-1929	6	3	2	2	8	2.5
1930-1934	12	7	7	6.5	19	6.5
1935-1939	17	9	11	10	28	10
1940-1944	34	18	25	24	59	20
1945-1949	51	28	26	24	77	26.3
1950-1954	30	16	19	18	49	17
1955-1959	6	3	10	9	16	5
1960	2	1	0	0	2	.7
No Response	28	15	7	6.5	35	12
Total	186	100	107	100	293	100

Length of inactivity. The length of time the nurse has been inactive is even more significant than the date of her graduation from a school of nursing. This is illustrated in Figure II, where the largest groups are shown to have been inactive from 11 to 20 years. This is also a significant factor when it is related to recent changes in nursing practice.

From this graph, it can be seen that the two groups less likely to work following completion of the refresher course are those who have been inactive for five years or less and those who have been inactive

FIGURE II

NUMBER OF YEARS INACTIVE



more than twenty years. This suggests some clues for recruitment for the course.

The refresher course often serves to motivate the nurse to pursue additional types of learning activities. This is illustrated in Table X, which shows that 10 percent of these enrollees participated in some type of educational endeavor after the refresher course was completed.

TABLE X

ADDITIONAL EDUCATION SINCE COMPLETING REFRESHER COURSE

WORK STATUS	NO	YES	CREDITS (1-10)	INSTITUTES (1-3)	MEETINGS (1-10)	NO RESPONSE
Working	137	20	3	3	8	29
Not Working	81	9	4	0	3	16
Total	218	29	7	3	11	45

Nursing Literature. Respondents were also asked to indicate their use of nursing literature since completing the course. The response indicated that 211, or 73 percent, were reading one or more nursing periodicals. In addition, a large number of these nurses began subscribing to nursing periodicals and also purchased nursing textbooks.

ORIENTATION TO THE EMPLOYMENT SETTING

The refresher course is not a substitute for an adequate orientation to the specific nursing position. The fact that many returning nurses stay for relatively short periods of time suggests that they do not receive an adequate orientation and perhaps that they are given too much responsibility too soon. In this survey, 15, or 10 percent, of the 147

respondents indicate an inadequate or unsatisfactory orientation to the position they were assuming.

Some typical comments were:

"Because I was unable (due to previous committment) to be there on the same day that another refresher was oriented (Good Friday) I received no previous orientation to the hospital or unit I started on until the day I started, but I was oriented with another nurse for 2 days before I was in charge alone."

x x x x x x x x x x

"I was hired for 11-7 and was given 2 weeks experience on the day shift. This consisted of giving full care to between 3 and 6 patients -- checking Dr.'s orders, cardex, making med. cards, giving meds., ordering drugs, doing treatments, etc."

x x x x x x x x x x

"Orientation to the hospital proper was adequate enough, but in the particular area where I am employed there was one nurse short and there was no time. Had to learn while doing."

x x x x x x x x x x

"Within 4 hours after reporting, I was assigned to pt. care & told 'just ask questions'. After 2 months I'm still asking questions as to hospital policy regarding nurses responsibility, charting, requisitions."

"In talking to many nurses from various parts of the mid-west (rural and city) I think one of the most urgent needs is an orientation program with proper supervision in the individual hospital - not only for the sake of the nurse and the efficiency of the hospital, but mainly for the welfare of the patient. Most of these inactive nurses of 10-12 years are being put in full charge positions after 3 or 4 days working experience and practically no orientation other than with nurses aid showing where supplies are kept."

x x x x x x x x x x

DISTANCE TRAVELED TO ATTEND REFRESHER COURSE

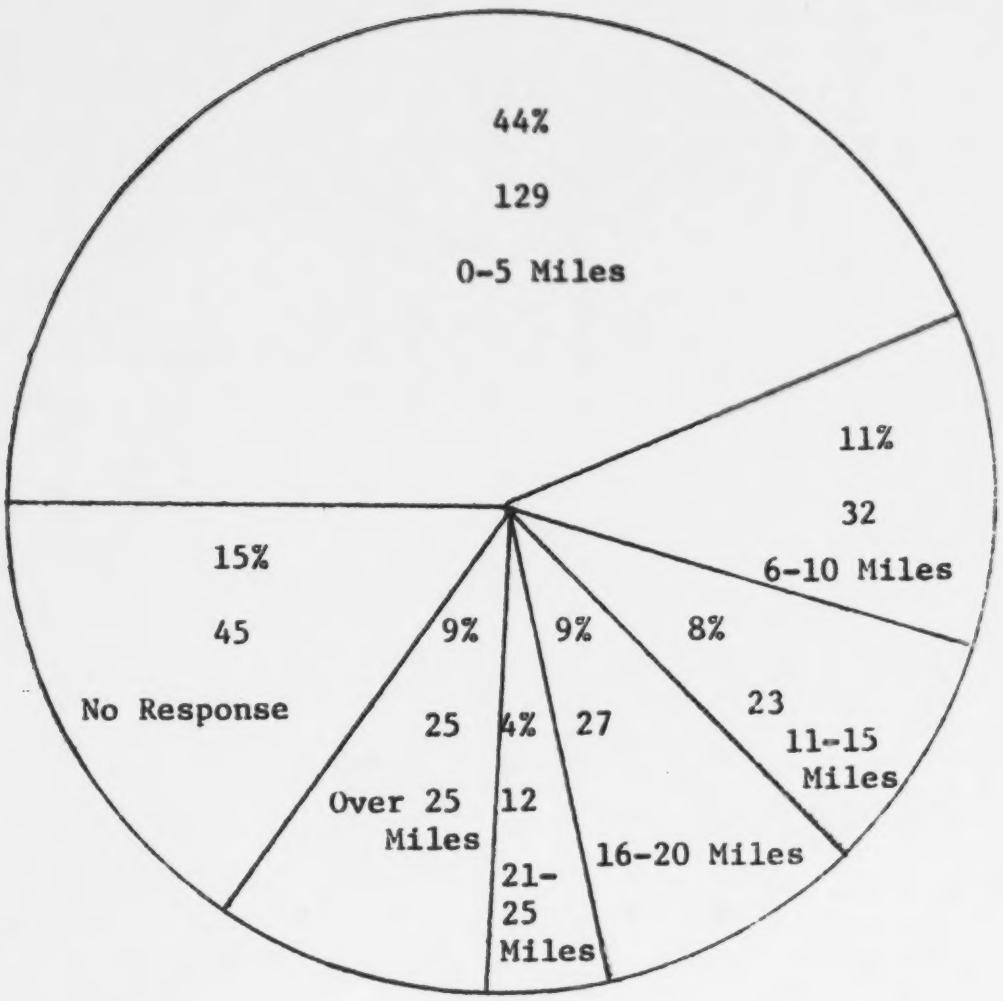
The distance the nurse is willing to travel will influence the location in which the course is offered. The distance traveled (one way) by the enrollees is summarized in Figure III. One-fifth of the enrollees traveled more than 16 miles one way) to attend. The longest distance traveled by any one in this group was 60 miles, while the mean distance for the entire group was 10.7 miles.

The distance the enrollee will travel has implications for program publicity. It suggests that a wide distribution be made for offerings, since many enrollees are willing to travel considerable distance to participate.

FIGURE III

DISTANCE TRAVELED TO TAKE REFRESHER COURSE

293 ENROLLEES



PROBLEMS AND DIFFICULTIES

Respondents were asked to identify problems and difficulties encountered as they returned to practice. These responses were varied, and somewhat difficult to classify, but in general the major concerns appeared to fall in these areas:

Lack of confidence

Inadequate orientation and poor supervision

Unfamiliarity with new medications and treatments

Adjusting time to heavy work assignment

Organizing work

Family's adjustment to mother's working

Some typical comments illustrate some major concerns of the returning nurse:

"I'm finding working part-time very difficult in that I feel I know so little about each patient and just don't have the time to read much in the chart while at work. I only work Friday & Saturday (pm's) every other week and Friday night I feel very inadequate. Many of the patients are new to me after two weeks of being off. Also I trained & worked only at institutions with interns and residents always around and I'm a bit overwhelmed at the responsibility that a charge nurse has here."

x x x x x x x x x x

"The difficulty in arranging suitable hours which would fit in with my family life. This I have solved fairly satisfactorily by offering to float on an 'on call' basis."

"A small hospital without interns & residents provides a very different situation than I had been used to in large city hospitals. RN's are expected to do procedures we were not permitted to do then. So far there has been no opportunity to be taught IV therapy and when IV's need starting the supervisor must be called to do it. Because of my home schedule I have not been able to participate in any inservice programs because I only can work the 3-11 shift & would have to come in on my own time with the exception of a required demonstration & lecture of newly acquired pacemaker, oscilliscope & defibrillator that was not finacially reimbursed for those who were not on duty at the time. In the future when my childrens' needs are less demanding I would be freer to take advantage of any optional inservice programs offered."

x x x x x x x x x x

"For 3 months, I looked for a position & was not hired when the personnel department saw that I had not worked for 19 years -- even with the mention of my 6 weeks refresher course. They wanted only experienced help. After much calling my own nursing school & hospital finally hired me for 11-7. Had this not been my own hospital, I don't think I would have ever been hired out here." (This nurse left Wisconsin and sought employment in another state.)

x x x x x x x x x x

RESPONSE TO THE REFRESHER COURSE

Judging from the course evaluations, the majority of enrollees felt the course met their expectations. In the survey, this was reflected in many spontaneous remarks. A few are illustrative:

"I am very appreciative of all the kind and understanding people I met since last February. Without their encouragement and help I wouldn't have ventured back into the nursing world. It has changed my life and my perspective. Being the grandmother in my refresher class, I enjoyed the feeling that one is never too old to learn, and that the feeling and need to serve others, never leaves but lingers on."

x x x x x x x x x x

"This has been such an enjoyable and stimulating experience that I really wish it had happened sooner. After my long absence from nursing it took me until very recently to seem to see daylight in what I was doing. The refresher course - its contents and our instructors were terrific. I'm hoping to be able to continue with some of the in-service training programs."

x x x x x x x x x x

"I have always looked forward to the time when my family schedule would permit me to return to nursing. When the time came, I found that I lacked the self-confidence. Without the refresher course, I'd still be sitting on the sidelines wishing!"

x x x x x x x x x x

"I feel the 'course' gave me the incentive for returning to nursing

part time & also the self confidence necessary for applying for a position. I especially enjoyed being with patients on the floors, giving medications, and being exposed to the numerous disposable 'helps' so commonly used now in hospitals and clinics. I feel the course was well worth the time and I would recommend it very highly."

x x x x x x x x x x

"To have practiced in any capacity without the refresher course would have been impossible - it not only did a tremendous job of 'bringing you back' but acted as a stimulus to continue to gain adequacy. It isn't easy, but certainly a challenge, it's rewarding and can be done. Good orientation by employer, understanding and helpfulness of those with whom you work is essential."

x x x x x x x x x x

"The refresher course was very helpful to me in returning my confidence in myself as a nurse at a time when I thought I had been away from nursing too long to ever go back."

x x x x x x x x x x

"I feel I gained a great deal from this course, the changes in nursing during my years inactivity had seemed impossible to comprehend, too great a gap to bridge. The course however, proved that basic nursing has not changed, and new techniques and equipment and medications have made it easier and more exciting. It is in these areas of new equipment, medications and laboratory tests,etc. I need to study on my own. With the literature given us, and the books available I can approach these

subjects with a great deal more comprehension through the floor experience and classroom lectures. So much knowledge was gained but gave me an awareness and strong desire to study and learn what could only be briefly touched in so short a time. I appreciated the opportunity and hope to return to nursing in the near future."

Few criticisms of the course were elicited in the survey. When there were criticisms, they were almost without exception related to the clinical practice: it should have been more extensive; it should have included more complex equipment, more practical experience, varied types of patients.

Only one enrollee indicated that she would not recommend that other inactive nurses take the refresher course, although 36 failed to respond to the question. The remaining respondents (255) indicated that they would encourage others to enroll.

This survey was limited to enrollees in refresher courses. No attempt has been made to survey inactive nurses who returned to nursing practice without benefit of a refresher course, but such a study would be useful.

CHAPTER IV

SUMMARY AND RECOMMENDATIONS

This study describes the participation by the Department of Nursing, University of Wisconsin, University Extension, in a project designed to reactivate inactive health personnel. The major focus in this project has been on the inactive nurse, the largest group of these personnel. Brief surveys of efforts directed to provide assistance to other inactive health personnel were conducted but are not described here.

This publication has described the inactive professional nurses who participated in refresher courses offered by the University of Wisconsin Extension between September, 1967 and December, 1968. The study provides certain information about these nurses which can assist in facilitating their return to practice.

A summary of the findings of the survey of enrollees follows:

1. A refresher course motivates the inactive nurse to return to practice.

   This is illustrated by the fact that 63 percent of enrollees were working at the time of the survey. An additional 5 percent had worked since completion of the courses, but were not employed at the time of the survey. It is likely that the majority of these nurses would not have sought employment without benefit of the course. An additional

number anticipate future employment.

2. The majority of enrollees (62 percent) return to work in the hospital setting.

This figure suggests that the course is designed for the return to hospital employment. The nurse may select this type of setting, not only because she is likely to be more familiar with it, but in many respects it is a more protected environment, i.e. she is more likely to work under direct supervision, and she may select her employment on this basis.

3. The majority (79 percent) of enrollees return to work on a part-time basis.

Since the inactive nurse is more likely than not to leave practice because of home and family responsibilities, this finding emphasizes the fact that she still carries these responsibilities. The part-time nurse may have difficulties in adjusting to the hospital work-day; she may find it difficult to participate in the orientation and inservice program; the rapid turn over of patients may be frustrating to her.

4. Home and family responsibilities are the major reason for the inactive nurse not returning to work following completion of the course. In contrast, health is given as the main reason for those who were employed, but resigned later.

Although this response could have been predicted, it points out a major deterrent to the return of the inactive nurse to practice. Unless she can be assured that her children

will receive adequate care, and unless some domestic help is available to assist with the care of her home, she will not return to practice. In most areas, such household assistance is a scarce commodity; therefore, it seems unlikely that large numbers of inactive nurses will return to practice.

5. The large majority (nearly 75 percent) of enrollees were married. This figure relates to the above statistic regarding home and family responsibility.
6. The large majority (93 percent) of enrollees had children, and slightly more than one out of ten had a child who was five years of age or younger.

   Again, this figure relates to home and family responsibility. Unless adequate arrangements can be made for child care, the nurse will elect to remain inactive.
7. The largest number of enrollees were in the age group of 40-49.

   The potentiality of return to practice for this group is high since they have a number of productive years remaining. This suggests that time spent by the employing institution in orientation and preparation for return would result in the development of a stable, mature employee.
8. Most of the enrollees were graduated from hospital diploma programs.

   This figure provides some clues about the educational

preparation of the nurse and her expectations of the teacher. There are great variations in the quality of the education in various programs, and teaching the course can be challenging in terms of meeting individual learning needs.

None of these nurses were graduated from an Associate Degree program in nursing. In part, this can be attributed to the relatively recency (1952) of these programs; in Wisconsin the only such program has graduated only three classes. Eventually some of these graduates will also need updating.

9. Approximately one out of every three enrollees had additional education beyond the basic nursing diploma.

Does the nurse who enrolls in the refresher course take the course because of her general interest in continuing to learn? Judging by the return rate, one can assume that not all enrollees intended to return to nursing, and therefore were motivated to take the course for other reasons.

Refresher courses offered by the University of Wisconsin are seen as a community service. Although the primary objective in offering such courses is the return to practice, there may be other justifiable reasons that inactive nurses enroll. Informed nurses in the community may assist with recruitment, provide informal health consultation, and be more prepared for participation in the event of a disaster.

10. The largest number of enrollees were graduated between 1945

and 1949, and 62 percent of all enrollees were graduated before 1950.

This figure in and of itself is not as significant as the length of time the nurse has been inactive (Item 11). It suggests however, that the nurse was graduated at a time considerably before many of the technological developments that have altered nursing practice occurred. Therefore, if the nurse has not kept pace with these developments, returning to practice may be difficult.

11. The largest number of enrollees had been inactive from 11 to 20 years. This figure is a significant one, for it suggests the amount of updating that may be required.

Another contributing factor, more difficult to ascertain, is the amount and kind of nursing experience the enrollee had prior to her retirement from the profession. The nurse who has had a depth of experience appears to return to practice with more ease than the nurse who has had only minimal experience. This may be an important point to stress in counseling the young graduate who is making a choice between resigning and working part-time.

12. One out of every ten respondents had pursued some type of educational activity since completing the course.

A major objective of the course is learning how to locate and use educational resources of various kinds. Since the time

between the completion of the course and the time the questionnaire was mailed was relatively short, this appears to be a good initial response.

13. One out of ten respondents indicated an unsatisfactory or inadequate orientation to the position for which they were employed.

The relationship between the kind of orientation the nurse receives and her continued employment seems obvious. Other important aspects include the provision of adequate supervision, the encouragement and support of the nursing staff, and the gradual assignment of increasing responsibility. Unless the employing agency is concerned with these aspects of orientation, re-employment of inactive nurses will be disappointing to both the agency and the individual nurse.

14. One out of five respondents traveled 16 miles or more (one way) to attend the course.

The interest of the nurse in participating in the course is reflected in the efforts she will make to attend. There are some regional differences; nurses who live in more remote areas and are used to traveling long distances will generally travel greater distances to participate than those in metropolitan areas.

15. Major problem areas identified by respondents who returned to practice were: lack of confidence in their own ability; inadequate orientation or poor supervision; unfamiliarity with

new medications and treatments; adjusting time to heavy work assignment; organizing work; family's adjustment to mother's working.

The identification of these problem areas provides some clues in course planning as well as suggestions for employing agencies.

16. The majority of respondents felt the course met their expectation; many indicated they could not or would not have returned to practice without it.

Suggestions for improvement frequently related to the kind and amount of clinical practice. Since the group is always a heterogeneous one, planning clinical practice in terms of individual learning needs is always difficult. There are always a few enrollees who feel the course did not go into enough depth (e.g., cardiac monitors, defibrillators, etc.).

RECOMMENDATIONS

The present project has permitted the Department of Nursing in University Extension to plan more effectively in offering refresher courses on a state-wide basis, to expand course offerings for non-practicing nurses, to evaluate these offerings a little more extensively and make appropriate revisions, and to locate and prepare nursing instructors for the course in various parts of the state. As a result, a number of recommendations can be made regarding future planning.

Not all the recommendations listed below are the results of the survey, but are based upon many years experience in teaching inactive nurses.

It is recommended that:

1. A state-wide roster of inactive nurses be developed and maintained, and that each inactive nurse accept responsibility for keeping her address current on the file.
2. Special studies be done in selected communities concerning the need for child care facilities and housekeeping services, and, where feasible, these services be established. This is of significance not only to nurses, but to other employed women.
3. Employing agencies re-evaluate their orientation procedure for returning nurses, and that a definite and specially-designed orientation program be established for these nurses. The importance of adequate supervision cannot be over-emphasized.
4. An in-depth study on the effective use of the part-time nurse be undertaken.
5. A comparative study of inactive nurses who return to practice without benefit of a refresher course with those who complete such a course be undertaken. Such a study would help determine the need for the course, as well as ways of designing more effective orientation plans in the employment setting and more effective refresher courses.
6. Hospitals and other employing agencies be encouraged to experiment with more flexible approaches (such as the six-hour day) in utilizing nursing personnel, particularly part-time employees.

7. Nurses be encouraged to remain as part-time employees, rather than resigning, whenever feasible, since keeping up is easier and more satisfactory than "catching up". This is particularly important for the nurse who has identified her career goals and intends to return to practice eventually.
8. Schools of nursing place greater emphasis on the importance of continuing education throughout the nurses' professional life, and that students become aware of educational resources to assist them in this pursuit.
9. More imaginative ways be sought to assist nurses to keep in touch with their profession during periods of inactivity, and that the use of newer educational media, such as the educational telephone network, television, programmed instruction, etc., be explored more fully for this purpose.
10. Nurses themselves accept responsibility for self study and continued learning during periods of inactivity.
11. The role of University Extension in providing refresher courses for inactive nurses be re-evaluated, particularly inasmuch as increasing numbers of institutions are employing inservice education coordinators with advance preparation in nursing education.

CONCLUSION

The project described in this study has permitted an expansion of refresher courses for inactive nurses, and has stimulated study of those nurses who participated in the courses. The results suggest that the inactive nurse group does not have the potential for relieving serious shortages of nursing personnel, unless greater measures can be taken to relieve her of major home and family responsibilities.

This study has identified the "typical" inactive nurse who enrolls in a refresher course in Wisconsin as a married woman, 44 years of age. She has children, with the youngest being nine years of age. She was graduated from a hospital diploma program in nursing, and was inactive approximately 13 years. Her primary motivation for returning to work was not an economic one, but related to her feeling that she was needed as a nurse or that she desired the satisfaction derived from actively practicing nursing again.

The study suggests some directions for employers of nurses who have been professionally inactive. It has also provided some clues for improving the courses.

Since nursing is primarily a women's profession, it seems likely that some means needs to be available to assist inactive nurses return to the practice of their profession. In the future, it may be necessary to search for and use new directions to meet the learning needs of this large group of potential practitioners.

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APPENDIX

APPENDIX A

STATE ADVISORY COMMITTEE

Mrs. Signe S. Cooper, R.N.
Chairman, Department of Nursing
University of Wisconsin
University Extension

Mrs. Anne G. Niles, R.N.
Executive Secretary
Wisconsin League for Nursing

Miss Beatrice Palen
Chief, Health Occupations
State Board, Vocational, Technical & Adult Education

Miss Ione Rowley, R.N.
Director, Division of Public Health Nursing
State Department of Health and Social Services

Miss Adele S. Stahl, R.N.
Director, Division of Nurses
State Department of Regulation and Licensing

Mrs. Alice Weldy, R.N.
Executive Secretary
Wisconsin Nurses' Association

APPENDIX B

HEALTH STATUS STATEMENT

UNIVERSITY EXTENSION

The University of Wisconsin

Department of Nursing

_____ has been examined by me on _____
Name Date

and is in good physical condition. She has no medical problems which would interfere with her taking a Nursing Refresher Course.

Date _____ Signature _____ M.D.

Please indicate if the following were included:

Chest X ray _____ T.B. Skin Testing _____ Blood Work _____

Please return before course starts. This checkup should be within the preceding two months.

APPENDIX C

SAMPLE COURSE OUTLINE

UNIVERSITY EXTENSION, THE UNIVERSITY OF WISCONSIN, DEPARTMENT OF NURSING

Refresher Course for Nurses

October	Tuesday 8	Wednesday 9	Thursday 10	Friday 11
8:00 am - 12:30 pm	Auditorium St. Lukes Hospital	Hospital Clinical Experience	Hospital Clinical Experience	Hospital Clinical Experience
	Introductions Overview of Course Trends in Nursing	Orientation to Hospital and Unit	Patient Assignment	Patient Assignment Administrations of Medications
12:30 pm - 1:30 pm	Lunch	Lunch	Lunch	Lunch
1:30 pm - 4:30 pm	Auditorium St. Lukes	Auditorium St. Lukes	Auditorium St. Lukes	Auditorium St. Lukes
	Interpersonal Relationships Nursing Education Film: Special Universe of Walter Krolick	Isolation Procedures Rehabilitation	Administration of Medications Film: Techniques of Parenteral Medication Slides: Medication Procedure	Team Nursing The Nursing Process Patient Teaching Film: Mrs. Reynolds Needs a Nurse

UNIVERSITY EXTENSION, THE UNIVERSITY OF WISCONSIN, DEPARTMENT OF NURSING

Refresher course for Nurses

October	Tuesday 15	Wednesday 16	Thursday 17	Friday 18
8:00 am - 12:30 pm	Hospital Clinical Experience	Hospital Clinical Experience	Hospital Clinical Experience	Hospital Clinical Experience
	Patient Assignment Ward Conference Tours (PRN)			→
12:30 pm - 1:30 pm	Lunch	Lunch	Lunch	Lunch
1:30 pm - 4:30 pm	Classroom St. Lukes Care of the Cancer Patient Film: Management of the Patient with Cancer	Classroom St. Lukes Emergency Procedures Film: Pulse of Life	Classroom St. Lukes Intravenous Therapy Oxygen Therapy	Classroom St. Lukes Geriatrics Film: Ready for Edna

UNIVERSITY EXTENSION, THE UNIVERSITY OF WISCONSIN, DEPARTMENT OF NURSING

Refresher Course for nurses

October	Tuesday 22	Wednesday 23	Thursday 24	Friday 25
8:00 am - 12:30 pm	Hospital Clinical Experience	Hospital Clinical Experience	Hospital Clinical Experience	Hospital Clinical Experience
	Patient Assignment Ward Conference Tours (PRN)			→
12:30 pm - 1:30 pm	Lunch	Lunch	Lunch	Lunch
1:30 pm - 4:30 pm	Classroom St. Lukes	Classroom St. Lukes	Classroom St. Lukes	Classroom St. Lukes
	Care of the Dying Patient Tape Recording	Care of the Diabetic	Pre & Post - Operative Care Film: Immediate Post-Operative Care	Nutrition Applied to Nursing

UNIVERSITY EXTENSION, THE UNIVERSITY OF WISCONSIN, DEPARTMENT OF NURSING

Refresher Course for Nurses

October	Tuesday 29	Wednesday 30	Thursday 31	Friday Nov. 1
8:00 am - 12:30 pm	Hospital Clinical Experience	Hospital Clinical Experience	Hospital Clinical Experience	Hospital Clinical Experience
	Patient Assignment Ward Conference Tours (PRN)			→
12:30 pm - 1:30 pm	Lunch	Lunch	Lunch	Lunch
1:30 pm - 4:30 pm	Classroom St. Lukes	Classroom St. Lukes	Classroom St. Lukes	Classroom St. Lukes
	Cardiovascular Nursing Film: Myocardial Infarction - The Nurse's Role	Cardiovascular Nursing Film: Pain and Its Alleviation	Legal Aspects of Nursing Speaker: Mrs. Signe Cooper	CONTINUING EDUCATION SUMMARY

APPENDIX D

QUESTIONNAIRE AND COVER LETTER

UNIVERSITY EXTENSION

The University of Wisconsin
606 State Street
Madison, Wisconsin 53706
262-3883 • Area Code 608

Department of Nursing

October 10, 1968

To: Nurses who have enrolled in University of Wisconsin refresher courses for inactive nurses since September, 1967.

From: Signe S. Cooper, R.N., and Elizabeth Swenehart, R.N.

Last year, Wisconsin was one of forty-six states participating in a nation-wide effort to encourage the return of the inactive nurse to practice. During the 15 months of this national project, 16 refresher courses were offered in Wisconsin, and 276 nurses completed the course. You are one of the 276 nurses who enrolled in a course offered by the Department of Nursing, University Extension.

To help us evaluate the effectiveness of this project, will you complete the enclosed questionnaire and return it in the self-addressed envelope?

Thank you for your assistance.

REFRESHER COURSE QUESTIONNAIRE

Refresher Course _____

Enrollee # _____

Name _____

Address _____

Marital Status: Single _____ Married _____ Widowed _____ Divorced or Separated _____ Year of Birth _____

Number of Children _____ Age of Youngest Child _____

1. At the time you took The University of Wisconsin refresher course in nursing you were: (Please Check One)
   Inactive _____ Employed part time _____ Employed full time _____ Employed at something other than nursing _____

   If employed, what type of work? _____

2. If you were not employed at nursing at the time you took the refresher course, how many years had you been inactive? _____ years.

3. Are you now employed in nursing? (Check One)
   No, not working now _____ Yes, full time _____ Yes, part time _____ If part time, number of hours per week _____

4. Answer these questions IF YOU ARE NOT NOW EMPLOYED IN NURSING.
   Were you employed at any time following completion of the refresher course? Yes _____ No _____
   If "yes" for how long? _____

   Check the one main reason that you are not now working (circle any others that are also appropriate):
   _____a. Employment opportunities not available locally.
   _____b. Employers cannot use the working hours I am available.
   _____c. I cannot make suitable arrangements for the care of my child (or children).
   _____d. Transportation not available.
   _____e. The salary I would get would not make it worthwhile.
   _____f. I am unable to secure necessary domestic help.
   _____g. My health does not permit my return to active practice.
   _____h. I prefer to be a homemaker.
   _____i. My husband does not want me to work.
   _____j. I believe that a mother should be in the home while children are young.
   _____k. I am not interested in nursing.
   _____l. Other (Specify) _____

   Are you employed for pay at something other than nursing? Yes _____ No _____

   If "yes" please indicate type of employment _____
   Do you anticipate employment in nursing sometime in the future? Yes _____ No _____ Maybe _____

5. Answer these questions only if you were INACTIVE at the time you took the course and are NOW OR HAVE BEEN EMPLOYED ANYTIME SINCE TAKING THE COURSE.
   Did you receive an adequate orientation to the hospital (or agency) when beginning employment?
   Yes _____ No _____

   If "no" please explain: _____

   _____

   _____

   Did you find that you were better prepared to perform nursing duties because you took the refresher course?
   Yes _____ No _____
   What special problems or difficulties, if any, did you encounter in returning to practice? _____

   _____

   _____

Refresher Course Questionnaire

6. Work history since completing refresher course. Enter below in the appropriate columns the information requested about all the jobs you have held since completing the refresher course. Begin with your present job if you are working, or your last job if you are not working.

NAME AND ADDRESS OF AGENCY	POSITION	DATES EMPLOYED FROM TO	NUMBER OF MONTHS DURING WHICH YOU WORKED	AVERAGE HOURS WORKED PER MONTH

7. Education

School of Nursing from which you were graduated (Name and Location) _____

Year Graduated _____ Additional education (Number of credits or degrees held): _____

_____

Have you had any additional education since completing the refresher course? Yes _____ No _____

If "yes" Indicate: Number of credits completed _____

Number of institutes attended _____

Number of professional meetings attended _____

8. How far did you travel (one way) to take the course? _____ miles.
9. Would you encourage other inactive nurses to enroll in the refresher course? Yes _____ No _____
10. Have you encouraged other inactive nurses to return to nursing? Yes _____ No _____
11. What nursing literature do you use regularly? _____

_____

Are you reading more of the nursing literature since you took the course? Yes ___ No _____

12. Remarks:

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